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**** CONTINUING DATA *******
 This appln claims benefit of 60/459,559 04/01/2003 **SJL**

**** FOREIGN APPLICATIONS *******
 None **SJL**

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
**** 06/08/2004**

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY NJ	SHEETS DRAWING 0	TOTAL CLAIMS 9	INDEPENDENT CLAIMS 4
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged <i>[Signature]</i> Examiner's Signature	Initials SJL			

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TITLE
 Composition and method for 3-dimensional mapping or radiation dose

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT	<input type="checkbox"/> All Fees
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